PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed ot	for transmitting the Patent, nerwise in Blo	g the ISSI advance o ck 1, by (a	JE FEE and PUBLIC rders and notification a) specifying a new of	CATI of m corres	ON FEE (naintenance pondence	(if reque fees waddress;	ired). B vill be r and/or	locks 1 through nailed to the cur (b) indicating a	5 sho rent c separ	ould be completed where orrespondence address as ate "FEE ADDRESS" for		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)							Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
4897			115 0 1111 00			J							
ROBERT C. K 750 SOUTHEAS SUITE 100		I her State addre trans	eby certify es Postal Sessed to the mitted to the	that the crvice version of the	is Fee(s vith suff Stop I TO (571	of Mailing or Tr) Transmittal is b icient postage fo (SSUE FEE add 1) 273-2885, on t	ransmoeing or first ress a	deposited with the United class mail in an envelope bove, or being facsimile te indicated below.					
FT LAUDERDA			Roj	BER	t-c	. KAIN							
				//	Kep		•	(Signature)					
		<u> </u>			<u> </u>	26-2008	<i>2</i>	(Date)					
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVEN	NTOR	ATTORNEY DOCKE			RNEY DOCKET N	Э.	CONFIRMATION NO.		
09/717,189 11/21/2000				Bernard H. Wolzenski				5010-02 9504			9504		
TITLE OF INVENTION					·				· · · · · · · · · · · · · · · · · · ·		.		
APPLN. TYPE	SMALL ENTITY	MALL ENTITY ISSUE FEE DUE		PUBLICATION FEE I	DUE	PREV. PAID ISSU		E FEE	FEE TOTAL FEE(S) DUE		DATE DUE		
nonprovisional	NO			\$0		\$0			\$1440		12/22/2008		
EXAMINER AR			TIV	CLASS-SUBCLAS									
GRAHAM, CLEMENT B 3692			2	705-037000									
1. Change of corresponde CFR 1.363).	2. For printing on	•				Pale	SAT	C WAIN TO					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a									
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRIN	ITED ON	THE PATENT (print	or typ	e)							
PLEASE NOTE: Unl recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no	o assignee form is NO	data will appear on t T a substitute for filin	the pa	tent. If ar	n assign	ee is ide	entified below, th	he doo	cument has been filed for		
(A) NAME OF ASSIG	(B) RESIDENCE: (CITY and STATE OR COUNTRY)												
FUTURE SYST	BATON R	ou C	FULO	Lis	ANI	4							
Please check the appropr	iate assignee category or	categories (wi	ll not be pr	rinted on the patent):		Individual	X co	orporatio	on or other privat	e grou	p entity Government		
4a. The following fee(s)	are submitted:		41	o. Payment of Fee(s):	(Pleas	se first rea	pply ar	ıy previ	ously paid issue	fee sl	iown above)		
Issue Fee													
<u> </u>	Payment by credit card. Form PTO-2038 is attached.												
☐ Advance Order - #	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03/25/ (enclose an extra copy of this form).												
5. Change in Entity Star a. Applicant claim	tus (from status indicate s SMALL ENTITY state	•	1.27.	☐ b. Applicant is no	o long	er claimin	g SMAI	LL ENT	ITY status. See 3	7 CFI	R 1.27(g)(2).		
							_				assignee or other party in		
Authorized Signature	1.1												
Typed or printed name			Regist	ration N	lo	30648	-						
This collection of inform	ation is required by 37 C	FR 1.311. The U.S.C. 122 an	informatio	on is required to obtain	n or re	etain a beni	efit by t	he publi ninutes	c which is to file to complete, incl	(and l	by the USPTO to process) gathering, preparing, and		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.